| All requests must be ma | CITY OF RENO ENVIRONMENTAL CONTROL FATS OILS AND GREASE (FOG) VARIANCE REQUEST FORM GREASE INTERCEPTOR/GREASE TRAP | | | | | |
|--|---|---|-------|-------------------------------|--|--|
| | | | Secu | 011 12:10:335 | | |
| | Busines | s Information | | | | |
| Name of Business | | | | | | |
| Physical Address of Business | | | | | | |
| Mailing Address | | | | | | |
| Requesting Variance for: (Check One) | Undersized Grease Interceptor (GI) | Installation or Use of Grease Trap instead of Grease Interceptor (GI) | | No Grease Interceptor (GI) | | |
| | Nature of Business | | | | | |
| Briefly describe the nature of your business | | | | | | |
| Is the Menu attached? | Menu must show all | ood items that are sold and s | erved | at this location. | | |
| Yes | | No | | | | |
| List all food items that are pre-packaged | | | | | | |
| List all equipment in facility below. Include all relevant equipment in facility, e.g. 3-compartment sink, | | | | | | |
| stove, grill, espresso machine, meat/cheese slicer, pans, etc. | | | | | | |
| | | | | | | |
| Describe how food will be served, e.g. on dishware, single service items, paper service, etc. | | | | | | |
| | | | | | | |
| List all items that will be washed below. Include all items that will require washing, e.g. plates, cups, silverware, slicer, knives, pots/pans, and any food contact surfaces | | | | | | |
| | | | | | | |

| Nature of Business (continued from Page 1) | | | | | | | |
|--|--------|---------|-----------|----------|--------|----------|--------|
| Number of seats (including outdoor seating) | | | | | | | |
| Hours of Operation | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Seasonal Operations? If yes, explain below. | | | | | | | |

| Additional Information | | |
|--|--|--|
| List any additional information that may be relevant to the approval or denial of your variance request. Add attachments if appropriate. | | |

A copy of the menu and equipment specifications must be included with this form.

I, the undersigned, attest to all information in this form being true. I understand that I must contact City of Reno Environmental Control if my business changes in any way, including but not limited to, menu changes, additional vendors, and hours of operation. I understand that the issuance of this variance is conditional on all information presented herein remaining true, and that this variance can be revoked at any time by City of Reno Environmental Control if deemed necessary. I understand that if my variance request is denied for any reason, I can appeal this decision in accordance with RMC 12.16.660.

Signature

Date

| For Internal Use Only | | | | |
|---------------------------|-----------------|------------------|--|--|
| Date Application Received | Approved/Denied | Special Comments | | |
| | | | | |
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